Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

HADE DEED

I FIAR BY												70
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			AC				<u> </u>	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			44_minus 20=		*24			X\$ 9=		OR	X\$18=	432.0
INDEPENDENT CLAIMS			4m	inus 3 =	* /			X43=		OR	X86=	86,0
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		1	+290=	_00 K
* If the difference in column 1 is less than zero, ente					"0" in c	column 2	•			OR		1860
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	1288
	C	(Column 1)	VIAICIANES	(Column 2) (Column 3)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=	
							L	TOTAL			TOTAL	
		F	ADDIT. FEE		JON ,	ADDIT. FEE						
		(Column 1) CLAIMS	_	(Colun		(Column 3)	1 -			- 4		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	01.411.4	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				·		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independ nt	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		╵├	+145=				
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR [	+290= TOTAL	
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	. Al	TOTAL DDIT. FEE		OR ,	DDIT. FEE	
		ber Previously Paid					r foun	nd in the app	ropriate box	in colu	ımn 1.	